| Departm | ent of Veterar | ns Affairs W | ORK - | - STU | DY TIME RE | CORD (ST | UDENT S | ERVIC | CES) | | | |
|---|-----------------------|----------------------|--|--|--------------------------|------------------|-------------------|------------------------------------|--------|--|--|--|
| Department of Veterans Affairs WORK - STUDY TIME RECORD (ST 1. AGREEMENT CONTROL NO. 2. NAME OF VETERAN - STUDENT | | | | | | | | 3. CLAIM FILE NO. (Include prefix) | | | | |
| | 4. APP | ROVED PERIOD OF | EMPLOYM | ENT (Month | , day, year) | | 5. TOTAL NO. OF H | OURS TO BE | WORKED | | | |
| A. FROM | | | | | | | | |] | | | |
| INSTRUCTIONS | - Use Remarks Section | n on reverse to show | v changes in | Items 6A | and 6B. Include effectiv | e dates. | | | | | | |
| 6A. PLACE OF EMPL | OYMENT | | | | | 6B. NAME OF SUPE | RVISOR | | | | | |
| 6C MAILING ADDRE | SS OF SUPERVISOR | | | | | | 6D. TELEPHONE N | OF SUBER | VICOR | | | |
| OC. MAILING ADDICE | SS OF SUPERVISOR | | | | | | OD. TELEFTIONE IN | J. OF SUPER | VISOR | | | |
| | | | 7. SCI | HEDULE OI | F HOURS WORKED | | 1 | _ | | | | |
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